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Bib Data Sheet

CONFIRMATION NO. 3491

|  |   |                           |   |                                 |                             |
|--|---|---------------------------|---|---------------------------------|-----------------------------|
| SERIAL NUMBER<br>09/884,541  | FILING DATE<br>06/19/2001<br><br>RULE   | CLASS<br>280              | GROUP ART UNIT<br>3616  | ATTORNEY<br>DOCKET NO.<br>2056A |                             |
| APPLICANTS<br><br>John A. Sollars JR., LaGrange, GA;<br><br>** CONTINUING DATA *****<br>This application is a CON of 09/213,568 12/17/1998 ABN<br>which claims benefit of 60/068,111 12/19/1997<br><br>PC<br><br>** FOREIGN APPLICATIONS *****<br><br>PE<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 08/13/2001 |   |                           |   |                                 |                             |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and<br>Acknowledged <u>PE</u><br>Examiner's Signature Initials      |   | STATE OR<br>COUNTRY<br>GA | SHEETS<br>DRAWING<br>5  | TOTAL<br>CLAIMS<br>839          | INDEPENDENT<br>CLAIMS<br>x7 |
| ADDRESS<br>TERRY T MOYER<br>P.O. Box 1927<br>SPARTANBURG, SC<br>29304  |   |                           |   |                                 |                             |
| TITLE<br>Inflatable airbag and method of making the same   |   |                           |   |                                 |                             |
| FILING FEE<br><br>RECEIVED<br>2102   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                           | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                                 |                             |